

FILED

FEB 14 2022

CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Plaintiff's Name Cymeyon V. Hill
Prisoner No. V53300
Institutional Address CSP SACKAMEN TO
PRISON PO BOX 290066
REPKELA CA 95671

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Cymeyon V. Hill
(Enter your full name)

v.

NR. NR. KAY

(Enter the full name(s) of all defendants in this action)

Case No. 21-CV-05997-YGR
(Provided by the clerk upon filing)

COMPLAINT BY A PRISONER
UNDER THE CIVIL RIGHTS ACT,
42 U.S.C. § 1983

Amended
COMPLAINT

I. Exhaustion of Administrative Remedies.

You must exhaust available administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.

- A. Place of present confinement CSP SACKAMEN TO PRISON
- B. Is there a grievance procedure in this institution? ☒ YES ☐ NO
- C. If so, did you present the facts in your complaint for review through the grievance procedure?
☐ YES ☐ NO NATURAL VISION GROUP
IS A PRIVATE OWNED BUSINESS
- D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue any available level of appeal, explain why.
- Informal appeal: NO APPEAL NECESSARY
CDCR CAN NOT REPERCUSS
A PRIVATE COMPANY
 - First formal level: NOIVE

3. Second formal level: NOIVE

NOIVE

NOIVE

4. Third formal level: NOIVE

E. Is the last level to which you appealed the highest level of appeal available to you?

☐ YES

☐ NO

F. If you did not present your claim for review through the grievance procedure, explain why.

PLAINTIFF IS A CIVIL DEFENDEE

ADMINISTRATIVE REMEDY

NOT REQUIRED

II. Parties.

A. If there are additional plaintiffs besides you, write their name(s) and present address(es).

CYMEYDIVV. Hill CSP SACRAMENTO
PRISON P.O. BOX 290066 REPUCLIA
CA 95671

B. For each defendant, provide full name, official position and place of employment.

DR. NR KAY EYE SPECIALIST
FOR NATURAL VISION GROUP
A PRIVATE COMPANY

III. Statement of Claim.

State briefly the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

ON AROUND MAY 23, 2021 PLAINTIFF
WAS SENT TO NATURAL VISION
GROUP EYE SPECIALIST CLINIC
BY SALINAS VALLEY PRISON MEDICAL

medical treatment for eye treatment for left eye injury trauma. After plaintiff arrived to see Dr. NK May eye specialist for emergency treatment defendant Dr. NK May refused to give plaintiff treatment yelling and screaming at plaintiff stating your mask keeps falling off your face get out of here plaintiff tried to correct the issue by pushing the cover mask on facial area and the defendant Dr. NK May called plaintiff a nigger and refused to treat plaintiff's eye injury and walked out of the doctor's office plaintiff has been suffering diminished eye sight pain and

IV. Relief.

Your complaint must include a request for specific relief. State briefly exactly what you want the court to do for you. Do not make legal arguments and do not cite any cases or statutes.

plaintiff request punitive damages in the amount of \$2 million dollars for left eye injury

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on:

2-8-22

Date

Signature of Plaintiff